| PATENT APPLICATION FEE DETERMINATION RECORD  |  |   |                                |                                   |                        |                                      |     |  |                        |          | ocker Mun                             | ibei                   |  |  |
|--|--|---|--------------------------------|-----------------------------------|------------------------|--------------------------------------|-----|--|------------------------|----------|---------------------------------------|------------------------|--|--|
| Effective October 1, 2003  |  |   |                                |                                   |                        |                                      |     |  | 10-724-326             |          |                                       |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                |                                   |                        |                                      |     | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY |                        |          |                                       |                        |  |  |
| To   | TAL CLAIMS   |   | 14                             |                                   |                        |                                      |     | RATE   | FEE                    | 7        | RATE                                  | FEE                    |  |  |
| FOR  |  |   | NUMBER FILED                   |                                   | NUMBER EXTRA           |                                      |     | BASIC F                                      | EE 385.00              | OR       | BASIC FEE                             | 770.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 14 minus 20=                   |                                   | •                      | 0                                    |     | XS 9=  |                        |          | X\$18≠                                |                        |  |  |
| INDEPENDENT CLAIMS   |  |   | minus 3 =                      |                                   | · 0                    |                                      |     | X43=   |                        | OR       | X86=                                  |                        |  |  |
| ML   | ILTIPLE DEPEN  | IDENT CLAIM P                             | RESENT                         |                                   |                        |                                      |     | +145=  |                        | ┪┈       |                                       |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                                |                                   |                        | ,                                    |     |  | OR                     |          |                                       |                        |  |  |
| CLAIMS AS AMENDED - PART II  |  |   |                                |                                   |                        |                                      |     | TOTAL  | · L                    | JOR      | TOTAL                                 | THAN                   |  |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                                |                                   |                        |                                      |     | SMAL   | L ENTITY               | OR       | SMALL                                 |                        |  |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGH<br>NUMI<br>PREVIO<br>PAID I  | BER<br>BUSLY           | PRESENT<br>EXTRA                     |     | RATE   | ADDI-<br>TIONAL<br>FEE |          | RATE                                  | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total  | . 19                                      | Minus                          | - 6                               | 00.                    | 2                                    |     | XS 9=  |                        | OR       | X\$18=                                | /                      |  |  |
|  | Independent  | · 3                                       | Minus                          |                                   | <u> </u>               | =                                    |     | X43=   |                        | OR       | X86=                                  |                        |  |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  (Column 1) (Column 2) (Column 3) |   |                                |                                   |                        |                                      | 1   | +145=  |                        | OR       | +290=                                 | 7                      |  |  |
|  |  |   |                                |                                   |                        |                                      | 1   | TOTA   |                        | 1        | TOTAL<br>ADDIT, FEE                   | /                      |  |  |
|  | (Column 1) (Column 2) (Column 3)   |   |                                |                                   |                        |                                      |     | ADDIT. FE                                    | E L                    | <b>J</b> | ADUII, PEE                            |                        |  |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGH<br>NUME<br>PREVIO<br>PAID I  | EST<br>BER<br>USLY     | PRESENT<br>EXTRA                     |     | RATE   | ADDI-<br>TIONAL<br>FEE |          | RATE                                  | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total  | · 13                                      | Minus                          | - 2                               | )                      | = 1                                  | H   | X\$ 9=                                       |                        | OR       | X\$18=                                |                        |  |  |
|  | Independent  | · 2                                       | Minus                          | /                                 | <u> </u>               | - U                                  |     | X43=   |                        | OR       | X86=                                  |                        |  |  |
|  | FIRST PRESE  | NTATION OF MU                             | LIPLE DE                       | ENDEN                             | CLAIM.                 |                                      | , [ | +145=  |                        | OR       | +290=                                 |                        |  |  |
|  | •  |   |                                |                                   | ••                     | •                                    | L   | TOTA   |                        | OR       | YOTAL<br>ADDIT. FEE                   |                        |  |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                                |                                   |                        |                                      |     |  | :                      |          | , , , , , , , , , , , , , , , , , , , |                        |  |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGHI<br>NUME<br>PREVIO<br>PAID F | ESY<br>BER<br>USLY     | PRESENT<br>EXTRA                     |     | RATE   | ADDI-<br>TIONAL<br>FEE |          | RATE                                  | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total  | •   | Minus                          | ** .                              |                        | • .                                  |     | X\$ 9=                                       | į                      | OR       | X\$18=                                |                        |  |  |
|  | Independent  | •   | Minus                          | <b>819</b> 8                      |                        | 9                                    |     | X43=   |                        | OR       | X86=                                  |                        |  |  |
| ۲.   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                   |   |                                |                                   |                        |                                      |     |  |                        |          | .000                                  |                        |  |  |
| • If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |                                |                                   |                        |                                      |     | +145=  | <u> </u>               | OR       | +290=                                 |                        |  |  |
| * If the entry in column 1 is less than the entry in column 2 write 0 on column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **Total OR ADDIT. FEE |  |   |                                |                                   |                        |                                      |     |  |                        |          |                                       |                        |  |  |
|  | f the "Highest Nur<br>If the "Highest Nu   | nber Previously Pa<br>mbar Préviously Pa  | id For IN THI<br>Id For IN THI | S SPACE is<br>S SPACE is          | less that<br>less that | n 20, enter "20."<br>n 3. enter "3." | •   | DOIT. FEE                                    | <u> </u>               |          | ADDIT. FEE                            |                        |  |  |
| *  | f the "Highest Nur<br>If the "Highest Nu   | nber Previousty Pa                        | id For IN THI<br>Id For IN THI | S SPACE is<br>S SPACE is          | less that<br>less that | n 20, enter "20."<br>n 3. enter "3." | •   | DOIT. FEE                                    | <u> </u>               |          | ADDIT. FEE                            |                        |  |  |